

ECHO[®] Questionnaires for Children

The ECHO* questionnaires for children are available for people 17 and younger receiving behavioral health care services through either a managed care organization (MCO) or a managed behavioral health organization (MBHO). They are designed to be completed by a parent or guardian of the patient.

Instructions for drawing a sample and collecting survey data are not available for either of the ECHO questionnaires for children, nor are they being developed by the CAHPS[®] team. For guidance in administering the survey to this population, please consult the following resources, all of which may be downloaded from the Web site of the CAHPS User Network (www.cahps.ahrq.gov).

- ***Instructions for Fielding the ECHO Survey*** (Document Number 23) – These instructions for drawing a sample and collecting data from adults can be adapted to this population.
- ***Reporting Measures for the ECHO Survey 3.0*** (Document Number 209) – This document lists the reporting composite and individual measures from the adult version of the survey.
- ***ECHO Survey 3.0: Comparison of the Adult and Child Questionnaires*** (Document Number 201) – This document shows the wording of items in the different versions of the survey.
- ***Instructions for Fielding the CAHPS Health Plan Survey*** (Medicaid Version: Document Number 13a; Commercial Version: Document Number 13b) – These instructions include directions for administering the CAHPS Health Plan Survey to parents or guardians of enrollees 17 and younger.

You may also obtain one-on-one technical assistance from the CAHPS Survey Users Network.

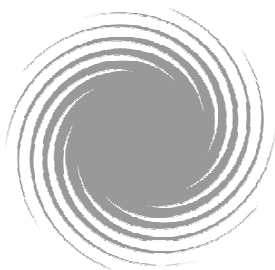
- Email: cahps1@ahrq.gov
- Help Line: 1-800-492-9261

* ECHO stands for Experience of Care and Health Outcomes.

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Experience of Care and Health Outcomes (ECHO[®]) Survey

**Child
Managed Behavioral Healthcare Organization
Version 3.0
English**



**The ECHO Survey is part of the CAHPS family of surveys,
which are developed with support from the Agency for
Healthcare Research and Quality (AHRQ), Rockville, MD.**

SURVEY INSTRUCTIONS

- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

₁ ☒ Yes → **If Yes, Go To Question 1 on Page 1**

₂ ☐ No

{This box should be placed on the cover page.}

All information that would let someone identify you or your family will be kept private. {Sponsor NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call XXX.

Personal or Family Counseling

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

Children can get counseling, treatment or medicine for many different reasons, such as:

- For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior problems
 - Family problems (like when parents and children have trouble getting along)
 - For mental or emotional illness
 - For autism or other developmental conditions
 - Needing help with drug or alcohol use
1. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?

₁ ☐ Yes → If Yes, Go to Question 2

₂ ☐ No → If No, Go to Question 4

on Page 7

Your Child's Counseling and Treatment in the Last 12 Months

The next questions ask about your child's counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you call someone to get professional counseling on the phone for your child?

₁ ☐ Yes

₂ ☐ No → If No, Go to Question 4

3. In the last 12 months, how often did you get the professional counseling your child needed on the phone?

₁ ☐ Never

₂ ☐ Sometimes

₃ ☐ Usually

₄ ☐ Always

4. In the last 12 months, did your child need counseling or treatment right away?

₁ ☐ Yes

₂ ☐ No → If No, Go to Question 6

5. In the last 12 months, when your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?

₁ ☐ Never

₂ ☐ Sometimes

₃ ☐ Usually

₄ ☐ Always

6. In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any appointments for your child for counseling or treatment?

₁ ☐ Yes

₂ ☐ No → If No, Go to Question 8

7. In the last 12 months, not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?

₁ ☐ Never

₂ ☐ Sometimes

₃ ☐ Usually

₄ ☐ Always

8. In the last 12 months, how many times did your child go to an emergency room or crisis center to get counseling or treatment?

₀ ☐ None

₁ ☐ 1

₂ ☐ 2

₃ ☐ 3 or more

9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did your child get counseling, treatment or medicine in your home or at an office, clinic, or other treatment program?

₁ ☐ None → If None, Go to Question 30 on Page 5

₂ ☐ 1 to 10

₃ ☐ 11 to 20

₄ ☐ 21 or more

10. In the last 12 months, how many times did your child get counseling or treatment in your home?

₁ ☐ None

₂ ☐ 1 to 10

₃ ☐ 11 to 20

₄ ☐ 21 or more

11. In the last 12 months, how often was your child seen within 15 minutes of his or her appointment?

₁ ☐ Never

₂ ☐ Sometimes

₃ ☐ Usually

₄ ☐ Always

The next questions are about all the counseling or treatment your child got in the last 12 months in your home, during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people your child saw for counseling or treatment in your answers.

12. In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you?

₁ ☐ Never
₂ ☐ Sometimes
₃ ☐ Usually
₄ ☐ Always

13. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?

₁ ☐ Never
₂ ☐ Sometimes
₃ ☐ Usually
₄ ☐ Always

14. In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say?

₁ ☐ Never
₂ ☐ Sometimes
₃ ☐ Usually
₄ ☐ Always

15. In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?

₁ ☐ Never
₂ ☐ Sometimes
₃ ☐ Usually
₄ ☐ Always

16. In the last 12 months, did your child take any prescription medicines as part of his or her treatment?

₁ ☐ Yes
₂ ☐ No → If No, Go to Question 18

17. In the last 12 months, were you told what side effects of those medicines to watch for?

₁ ☐ Yes
₂ ☐ No

18. In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?

₁ ☐ Never
₂ ☐ Sometimes
₃ ☐ Usually
₄ ☐ Always

19. In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?

₁ ☐ Yes
₂ ☐ No

20. In the last 12 months, how often did your family get the professional help you wanted for your child?

- ₁ ☐ Never
₂ ☐ Sometimes
₃ ☐ Usually
₄ ☐ Always

21. In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled?

- ₁ ☐ Never
₂ ☐ Sometimes
₃ ☐ Usually
₄ ☐ Always

22. In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?

- ₁ ☐ Yes
₂ ☐ No

23. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?

- ₁ ☐ Yes
₂ ☐ No

24. In the last 12 months, were you given information about your child's rights as a patient?

- ₁ ☐ Yes
₂ ☐ No

25. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?

- ₁ ☐ Yes
₂ ☐ No

26. In the last 12 months, as far as you know did anyone your child saw for counseling or treatment share information with others that should have been kept private?

- ₁ ☐ Yes
₂ ☐ No

27. Does your child's language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment he or she needs?

- ₁ ☐ Yes
₂ ☐ No → If No, Go to Question 29

28. In the last 12 months, was the care your child received responsive to those needs?

- ₁ ☐ Yes
₂ ☐ No

29. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your child's counseling or treatment in the last 12 months?

- ☐ 0 Worst counseling or treatment possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best counseling or treatment possible

30. In the last 12 months, how much was your child helped by the counseling or treatment he or she got?

- ☐ 1 Not at all
☐ 2 A little
☐ 3 Somewhat
☐ 4 A lot

31. In general, how would you rate your child's overall mental health now?

- ☐ 1 Excellent
☐ 2 Very good
☐ 3 Good
☐ 4 Fair
☐ 5 Poor

32. Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?

- ☐ 1 Much better
☐ 2 A little better
☐ 3 About the same
☐ 4 A little worse
☐ 5 Much worse

33. Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?

- ☐ 1 Much better
☐ 2 A little better
☐ 3 About the same
☐ 4 A little worse
☐ 5 Much worse

34. Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now?

- ☐ 1 Much better
☐ 2 A little better
☐ 3 About the same
☐ 4 A little worse
☐ 5 Much worse

35. Compared to 12 months ago, how would you rate your child's problems or symptoms now?

- ☐ 1 Much better
☐ 2 A little better
☐ 3 About the same
☐ 4 A little worse
☐ 5 Much worse

The next questions ask about your experience with the company or organization that handles the benefits for your child's counseling or treatment.

36. In the last 12 months, did your child use up all his or her benefits for counseling or treatment?

₁ ☐ Yes

₂ ☐ No → If No, Go to Question 39

37. At the time benefits were used up, did you think your child still needed counseling or treatment?

₁ ☐ Yes

₂ ☐ No → If No, Go to Question 39

38. Were you told about other ways to get counseling, treatment, or medicine for your child?

₁ ☐ Yes

₂ ☐ No

39. In the last 12 months, did you need approval for any of your child's counseling or treatment?

₁ ☐ Yes

₂ ☐ No → If No, Go to Question 41

40. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

₁ ☐ A big problem

₂ ☐ A small problem

₃ ☐ Not a problem

41. In the last 12 months, did you call customer service to get information or help about counseling or treatment for your child?

₁ ☐ Yes

₂ ☐ No → If No, Go to Question 43

42. In the last 12 months, how much of a problem, if any, was it to get the help you needed for your child when you called customer service?

₁ ☐ A big problem

₂ ☐ A small problem

₃ ☐ Not a problem

Reasons for Counseling or Treatment

43. In the last 12 months, was any of your child's counseling or treatment for problems related to ADHD or other behavior problems?

₁ ☐ Yes

₂ ☐ No

44. In the last 12 months, was any of your child's counseling or treatment for family problems or mental or emotional illness?

₁ ☐ Yes

₂ ☐ No

45. In the last 12 months, was any of your child's counseling or treatment for autism or other developmental problems?

₁ ☐ Yes

₂ ☐ No

46. In the last 12 months, was any of your child's counseling or treatment for help with alcohol use or drug use?

₁ ☐ Yes

₂ ☐ No

About You and Your Child

47. In general, how would you rate your child's overall health now?

₁ ☐ Excellent

₂ ☐ Very good

₃ ☐ Good

₄ ☐ Fair

₅ ☐ Poor

48. What is your child's age now?

₀ ☐ Less than 1 year old

_____ YEARS OLD (Write in)

49. Is your child male or female?

₁ ☐ Male

₂ ☐ Female

50. Is your child of Hispanic or Latino origin or descent?

₁ ☐ Yes, Hispanic or Latino

₂ ☐ No, not Hispanic or Latino

51. What is your child's race? Please mark one or more.

₁ ☐ White

₂ ☐ Black or African American

₃ ☐ Asian

₄ ☐ Native Hawaiian or other Pacific Islander

₅ ☐ American Indian or Alaska Native

₆ ☐ Other

52. What is your age now?

₁ ☐ 18 to 24

₂ ☐ 25 to 34

₃ ☐ 35 to 44

₄ ☐ 45 to 54

₅ ☐ 55 to 64

₆ ☐ 65 to 74

₇ ☐ 75 or older

53. Are you male or female?

₁ ☐ Male

₂ ☐ Female

54. What is the highest grade or level of school that you have completed?

₁ ☐ 8th grade or less

₂ ☐ Some high school, but did not graduate

₃ ☐ High school graduate or GED

₄ ☐ Some college or 2-year degree

₅ ☐ 4-year college degree

₆ ☐ More than 4-year college degree

55. How are you related to the policyholder?

- ☐ I am the policyholder
 - ☐ Spouse or partner of policyholder
 - ☐ Child of policyholder
 - ☐ Other family member
 - ☐ Friend
 - ☐ Someone else **(Please print)**
-

56. How are you related to the child?

- ☐ Mother or father
- ☐ Grandparent
- ☐ Aunt or uncle
- ☐ Older sibling
- ☐ Other relative
- ☐ Legal guardian

57. Did someone help you complete this survey?

- ☐ Yes → **If Yes, Go to Question 58**
- ☐ No → **Thank You. Please return the completed survey in the postage-paid envelope.**

58. How did that person help you? Check all that apply.

- ☐ Read the questions to me
 - ☐ Wrote down the answers I gave
 - ☐ Answered the questions for me
 - ☐ Translated the questions into my language
 - ☐ Helped in some other way **(Please print)**
-

THANK YOU!

Please return this survey in the postage-paid envelope.